



STATE OF WASHINGTON  
**GAMBLING COMMISSION**

P.O. Box 42400 • Olympia, Washington 98504-2400 • (360) 486-3440 • TDD (360) 486-3637 • FAX (360) 486-3631

**AFFIDAVIT FOR COMPLETION OF OFFICER TRAINING**

**President or Equivalent**

On behalf of the licensee identified as \_\_\_\_\_  
(Name of Organization)

\_\_\_\_\_, I attest as follows:  
(City)

1. I have read the *Management Guidelines for the Charitable / Nonprofit Gambling Licensee* (GC5-008) handbook and have watched the *Responsibilities of Officers and Board Members* training video provided by the Gambling Commission;
2. I understand and will comply with the rules, restrictions, and requirements as set out in the training document as well as any other applicable rules contained in the WAC rules;
3. I will keep myself current of all rules and regulations regarding the gambling activities my organization conducts, and agree to contact the Gambling Commission if I have questions; and
4. I will furthermore ensure that any and all personnel under my control will be aware of and adhere to all the appropriate rules for the activity being conducted.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Print Name: \_\_\_\_\_

Title in Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Please return this form to: Washington State Gambling Commission  
Post Office Box 42400  
Olympia, WA 98504